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F	ill in this inf	ormation to identi	fy your case:			Check as	directed in lines 1	l7 and 21:
D	ebtor 1		S. Middle Name	Tolbert Last Name		According to Statement:	the calculations requir	ed by this
	ebtor 2 Spouse, if filing)	First Name	Middle Name	Last Name			ble income is not dete 1 U.S.C. § 1325(b)(3).	rmined
U	nited States Bar	nkruptcy Court for the:	EASTERN DIST	OF PENNSYLV	'ANIA		ble income is determind U.S.C. § 1325(b)(3).	ied
	ase number known)	21-12992AMC13				—	nmitment period is 3 ye nmitment period is 5 ye	
∟ Of	ficial Form	122C-1				Check if t	his is an amended filin	g
Cł	napter 13 S	Statement of Y			come			04/20
info	curate. If more principle	nd accurate as possib space is needed, atta ss. On the top of any a culate Your Avera	ch a separate sho additional pages,	eet to this form. In write your name a	clude the	line number to v	vhich the additional	1
1.	What is your	marital and filing stat	us? Check one or	nly.				
	✓ Not marr	ried. Fill out Column A	lines 2-11.					
	─ Married.	Fill out both Columns	A and B, lines 2-1	1.				
Fill in the average monthly income that you received from all sources, derived during the 6 full month bankruptcy case. 11 U.S.C. § 101(10A). For example, if you are filing on September 15, the 6-month peri August 31. If the amount of your monthly income varied during the 6 months, add the income for all 6 mont in the result. Do not include any income amount more than once. For example, if both spouses own the sa income from that property in one column only. If you have nothing to report for any line, write \$0 in the space.					th period would be Mar months and divide the he same rental propert	ch 1 through total by 6. Fill		
						Column A Debtor 1	Column B Debtor 2 or non-filing spouse	
2.	_	ages, salary, tips, bor	nuses, overtime,	and commissions		\$4,731.00		-
3.	Alimony and	maintenance paymen	ts. Do not include	e payments from a	spouse.	\$0.00		
4.	expenses of y regular contrib your dependen	rom any source whice you or your dependent outions from an unmarrints, parents, and rooms of include payments you	ts, including chil ed partner, memb mates. Do not incl	d support. Include ers of your househ	old,	\$0.00		
5.	Net income fr	om operating a busin	ess, profession,	or farm				
			Debtor 1	Debtor 2				
	Gross receipts deductions)	s (before all	\$0.00					
	•	necessary operating -	\$0.00		Сору			
	•	come from a business farm	\$0.00		here →	\$0.00		

Deb	tor 1 Qynesha S. Tolbert				Case number (if k	nown) 21-12992A	MC13
					Column A Debtor 1	Column B Debtor 2 or non-filing spouse	е
6.	Net income from rental and other r	eal property					
		Debtor 1	Debtor 2				
	Gross receipts (before all	\$0.00		-			
	deductions) Ordinary and necessary operating expenses	\$0.00		-			
	Net monthly income from rental or other real property	\$0.00		Copy here →	\$0.00		
7.	Interest, dividends, and royalties				\$0.00		
8.	Unemployment compensation				\$0.00		
	Do not enter the amount if you content						
	benefit under the Social Security Act.	·	*	00			
	For your spouse						
9.	Pension or retirement income. Do				\$0.00		
	disability, combat-related injury or dis uniformed services. If you received a of title 10, then include that pay only amount of retired pay to which you we under any provision of title 10 other to	any retired pay paid to extent that it doe ould otherwise be e	I under chapter 61 s not exceed the entitled if retired				
10.	Income from all other sources not amount. Do not include any benefits payments made under the Federal la declared by the President under the 1 (50 U.S.C. 1601 et seq.) with respect (COVID-19); payments received as a humanity, or international or domestic pay, annuity, or allowance paid by the connection with a disability, combatmember of the uniformed services. I separate page and put the total below	received under the aw relating to the nat National Emergenci to the coronavirus a victim of a war crinc terrorism; or compe United States Goverlated injury or disaff necessary, list oth	e Social Security A tional emergency ies Act disease 2019 me, a crime agains pensation, pension vernment in ability, or death of	Act; st n,			
	Total amounts from separate pages,	if any.		+		+	
11.	Calculate your total average month Add lines 2 through 10 for each colur Then add the total for Column A to th	mn.	R	-	\$4,731.00	+	= \$4,731.00
	dad the total for column A to th	o total for Column t					Total average monthly income
P	art 2: Determine How to M	easure Your Do	eductions fro	m Income	e		-
	Copy your total average monthly in						\$4,731.00
	= -						

Deb	tor 1	1 Qynesha S. Tolbert Case number (if known) 21-12	2992AMC13		
13. Calculate the marital adjustment. Check one:					
	You are not married. Fill in 0 below. You are married and your spouse is filing with you. Fill in 0 below. You are married and your spouse is not filing with you. Fill in the amount of the income listed in line 11, Column B, that was NOT regularly paid for the household expenses of you or your dependents, such as payment of the spouse's tax liability or the spouse's support of someone other than you or your dependents. Below, specify the basis for excluding this income and the amount of income devoted to each purpose. If necessary, list additional adjustments on a separate page. If this adjustment does not apply, enter 0 below.				
14.	You	Total	- \$0.00		
		alculate your current monthly income for the year. Follow these steps:			
	15a.		\$4,731.00		
		Multiply line 15a by 12 (the number of months in a year).	X 12		
	15b.	b. The result is your current monthly income for the year for this part of the form.	\$56,772.00		
16.	Calc	alculate the median family income that applies to you. Follow these steps:			
	16a.	ia. Fill in the state in which you live. Pennsylvania			
	16b.	b. Fill in the number of people in your household.			
16c. Fill in the median family income for your state and size of household					
17.	How	ow do the lines compare?			
	17a. Line 15b is less than or equal to line 16c. On the top of page 1 of this form, check box 1, Disposable income is not determined under 11 U.S.C. § 1325(b)(3). Go to Part 3. Do NOT fill out Calculation of Your Disposable Income (Official Form 122C-2).				
	17b.	Line 15b is more than line 16c. On the top of page 1 of this form, check box 2, <i>Disposable income is a</i> 11 U.S.C. § 1325(b)(3). Go to Part 3 and fill out Calculation of Your Disposable Income (Official Form On line 39 of that form, copy your current monthly income from line 14 above.			
Pá	art 3	3: Calculate Your Commitment Period Under 11 U.S.C. § 1325(b)(4)			
18.	Сор	ppy your total average monthly income from line 11.	\$4,731.00		
19.	that	educt the marital adjustment if it applies. If you are married, your spouse is not filing with you, and you conter at calculating the commitment period under 11 U.S.C. § 1325(b)(4) allows you to deduct part of your spouse's come, copy the amount from line 13.	nd		
	19a.	a. If the marital adjustment does not apply, fill in 0 on line 19a.	\$0.00		
	19b.	b. Subtract line 19a from line 18.	\$4,731.00		

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Debtor 1		Qynesha S. Tolbert	Case number (if known) 21-1299	2AMC13					
20. Calc		culate your current monthly income for the year. Fo	llow these steps:						
	20a.	Copy line 19b		\$4,731.00					
		Multiply by 12 (the number of months in a year).		X 12					
	20b.	The result is your current monthly income for the year	r for this part of the form.	\$56,772.00					
	20c.	Copy the median family income for your state and size	ze of household from line 16c	\$71,448.00					
21.	How	ow do the lines compare?							
	$ \overline{\mathbf{A}} $	Line 20b is less than line 20c. Unless otherwise ordered by the court, on the top of page 1 of this form, check box 3, <i>The commitment period is 3 years</i> . Go to Part 4.							
		Line 20b is more than or equal to line 20c. Unless otherwise ordered by the court, on the top of page 1 of this form, check box 4, <i>The commitment period is 5 years</i> . Go to Part 4.							
P	art 4	: Sign Below							
	By s	igning here, under penalty of perjury I declare that the in	nformation on this statement and in any attachments is true	e and correct.					
	X /	s/ Qynesha S. Tolbert	X						
	C	Qynesha S. Tolbert, Debtor 1	Signature of Debtor 2						
		Date 11/24/2021	Date						
		MM / DD / YYYY	MM / DD / YYYY	MM / DD / YYYY					

If you checked 17a, do NOT fill out or file Form 122C-2.

If you checked 17b, fill out Form 122C-2 and file it with this form. On line 39 of that form, copy your current monthly income from line 14 above.

Underlying Allowances (as of 11/03/2021)

In re: Qynesha S. Tolbert

Case Number: 21-12992AMC13

Chapter: 13

Median Income Information			
State of Residence	Pennsylvania		
Household Size	2		
Median Income per Census Bureau Data	\$71,448.00		

National Standards: Food, Clothing, Household Supplies, Personal Care, and Miscellaneous				
Region	US			
Family Size	2			
Gross Monthly Income	\$4,731.00			
Income Level	Not Applicable			
Food	\$724.00			
Housekeeping Supplies	\$76.00			
Apparel and Services	\$150.00			
Personal Care Products and Services	\$76.00			
Miscellaneous	\$266.00			
Additional Allowance for Family Size Greater Than 4	\$0.00			
Total	\$1,292.00			

National Standards: Health Care (only applies to cases filed on or after 1/1/08)				
Household members under 65 years of age				
Allowance per member	\$68.00			
Number of members	1			
Subtotal	\$68.00			
Household members 65 years of age or older				
Allowance per member	\$142.00			
Number of members	0			
Subtotal	\$0.00			
Total	\$68.00			

Local Standards: Housing and Utilities				
State Name	Pennsylvania			
County or City Name	Delaware County			
Family Size	Family of 2			
Non-Mortgage Expenses	\$637.00			
Mortgage/Rent Expense Allowance	\$1,538.00			
Minus Average Monthly Payment for Debts Secured by Home	\$1,231.00			
Equals Net Mortgage/Rental Expense	\$307.00			
Housing and Utilities Adjustment	\$0.00			

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Underlying Allowances (as of 11/03/2021)

In re: **Qynesha S. Tolbert** Case Number: **21-12992AMC13**

Chapter: 13

Local Standards: Transportation; Vehicle Operation/Public Transportation					
Transportation Region		Philadelphia	Philadelphia		
Number of Vehicles Operat	red	0	0		
Allowance		\$217.00	\$217.00		
Loc	al Standards: Transportation;	Additional Publi	c Transportation Expense		
Transportation Region		Not applicable			
Allowance (if entitled)		Not applicable	Not applicable		
Amount Claimed		Not applicable	Not applicable		
	Local Standards: Transpo	rtation; Ownersl	nip/Lease Expense		
Transportation Region		Philadelphia	Philadelphia		
Number of Vehicles with Ov	wnership/Lease Expense	0			
	First Car		Second Car		
Allowance					
Minus Average Monthly Payment for Debts Secured by Vehicle					
Equals Net Ownership / Lease Expense					